



TRANSMITTAL
FORM

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Application Serial Number	10/521,980
Filing Date	September 12, 2005
First Named Inventor	Pampel
Group Art Unit	3725
Examiner Name	Dmitry Suhol
Attorney Docket No.	20496-474
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"><input type="checkbox"/> Check Attached<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"><input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"><input type="checkbox"/> Certificate of Correction (in duplicate) |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"><input type="checkbox"/> Preliminary<input type="checkbox"/> After Final<input type="checkbox"/> Affidavits/declaration(s)<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"><input type="checkbox"/> Appeal Brief (in triplicate)<input type="checkbox"/> Status Inquiry<input checked="" type="checkbox"/> Return Receipt Postcard<input checked="" type="checkbox"/> Additional Enclosure(s)<input checked="" type="checkbox"/> Annotated Drawing Sheet<input checked="" type="checkbox"/> Replacement Drawing Sheet |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <ul style="list-style-type: none"><input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"><input type="checkbox"/> Form PTO-1449<input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> CD(s) for large table or computer program <ul style="list-style-type: none"><input checked="" type="checkbox"/> Amendment After Allowance | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"><input type="checkbox"/> Paper Copy/CD<input type="checkbox"/> Computer Readable Copy<input type="checkbox"/> Statement verifying identity of above | | |

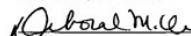
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Respectfully submitted,


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